

Exhibit 5

INCIDENT/STAFF REPORT

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|---|--|------------------------------|
| <u>ACCIDENT/INJURY (STAFF OR INMATE/OFFENDER)</u> | <u>DRUGS/SYRINGE</u> | <u>SHAKEDOWN</u> |
| <u>ASSAULT</u> | <u>FOODS/KITCHEN</u> | <u>VISITING PROBLEM</u> |
| <u>CONTRABAND</u> | <u>ALCOHOL/BEER</u> | <u>WEAPON</u> |
| <u>USE OF FORCE/RESTRAINTS</u> | <input checked="" type="checkbox"/> <u>INFORMATION</u> | <u>MAINTENANCE PROBLEM</u> |
| <u>DESTRUCTION OF PROPERTY</u> | <u>KEYS/LOCKS</u> | <u>SECURITY THREAT GROUP</u> |
| <u>COMMUNICATION DEVICES</u> | <u>OTHER</u> | |

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INMATE/OFFENDER INVOLVED: Grant, John 102816 HOUSING ASSIGNMENT: SUlf
 (NAME) (DOC NUMBER)

5-3, 21 Aug/1x 1230 AM/PM Amber Robinson CCM3
 (DATE OF INCIDENT) (TIME OF INCIDENT) (SIGNATURE OF REPORTING EMPLOYEE)

LOCATION OF INCIDENT: SUlf Amber Robinson CCM3
 (PRINTED NAME AND TITLE OF REPORTING EMPLOYEE)

1240 05-03-21
 (DATE AND TIME SUBMITTED TO SHIFT/DEPARTMENT SUPERVISOR)

WITNESS: _____

SECURITY THREAT GROUP

Admitted gang member
 Has tattoos, wears or possesses clothing and/or other paraphernalia or other indications of gang associations
 Has been participating in delinquent/criminal activity with known gang member(s)
 Observation confirms the individual's close association with known gang member(s)
 Information from reliable information source identifies the individual as a gang member

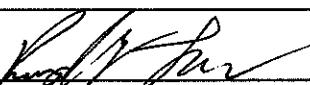
INMATE/OFFENDER ASSOCIATES: _____

DETAILED DESCRIPTION OF INCIDENT: (Print or Type – Include what happened, who, where, when, how, and why)

On above date and approx time Inmate Grant 102816
 was asked if he would come out for a lawyer
 call. Inmate Grant stated " I already told
 them fucking no!" Ms Battles notified at
 this time. EOL

SUPERVISOR'S COMMENTS AND ACTION TAKEN: information forwarded -R

DISTRIBUTION:
 Original – Chief of Security
 1st Copy – Facility/Unit Head
 2nd Copy – Assistant Facility/Unit Head
 3rd Copy – Unit Manager (If applicable)


 SHIFT/ SUPERVISOR SIGNATURE

05-03-21

DATE